

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00106146       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Mentzer Media Services, Inc.</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 600 Fairmount Avenue Suite 306		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           222800.00         </div>	
City Towson	State MD	Zip Code 21286	Transaction ID : 20401030
Purpose of Expenditure Television Advertising	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Chris Gibson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           230549.56         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 3050 K Street, NW Suite 100		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           200315.05         </div>	
City Washington	State DC	Zip Code 20007	Transaction ID : 20401023
Purpose of Expenditure Television Advertising and Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Lois Capps		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           200315.05         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">423115.05</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Date

Signature

M M M / D D D / Y Y Y Y Y Y